

# Friends of Groups Survey

The Community, Customer and Organisational Scrutiny Committee of Chesterfield Borough Council has set up a project group of to examine how Friends of and Community groups work with the council to improve local parks and open spaces.

We would greatly appreciate it if you would take a few minutes to complete this questionnaire. The information you provide will help us to update our information about your group and to collate how much Friends of Groups contribute to the local areas and wider community.

Name of your group:

Name of the area you support:

## About Your Group

1. How would you describe the aims/activities of your group? (please tick all that apply)

Practical Work (e.g. gardening)	<input type="checkbox"/>	Green Space Improvement	<input type="checkbox"/>
New Facilities/Equipment	<input type="checkbox"/>	Pressure Group	<input type="checkbox"/>
Events and Activities	<input type="checkbox"/>	Awareness Raising	<input type="checkbox"/>
Historical/Archeological Projects	<input type="checkbox"/>	Consultation	<input type="checkbox"/>
Healthy Activities	<input type="checkbox"/>	Community Development	<input type="checkbox"/>
Wildlife/Biodiversity Projects	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Other (Please specify)			

2. Approximately how many members does your group have?

a) Number of Management Committee members

b) Total number of group membership

3. How do you promote your group and its activities?

Comments:

**4. How do communicate with Chesterfield Borough Council?**

**Comments:**

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**5. Does your group have any of the following? (please tick all that apply)**

A Constitution	<input type="checkbox"/>	First Aiders	<input type="checkbox"/>
A Bank Account	<input type="checkbox"/>	Risk Assessment Forms	<input type="checkbox"/>
Public Liability Insurance	<input type="checkbox"/>	A Website/social media	<input type="checkbox"/>
A Child Protection Policy	<input type="checkbox"/>	Agreed Master/Management Plan	<input type="checkbox"/>
Tools & Equipment	<input type="checkbox"/>		

a) Please enter your social media address/details

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## Your Meetings

**6. How often does your group currently hold meetings? (please tick)**

Not Meeting	<input type="checkbox"/>
Weekly	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>
Annually	<input type="checkbox"/>

**7. For a normal group meeting please estimate:**

a) the average length of the meeting (in mins) \_\_\_\_\_

b) the average number of group members present \_\_\_\_\_

## Your Activities

8. During the last 12 months what do you feel have been your groups 2 key activities?

1.

2.

9. Have you raised funds for your project in the last 12 months? Yes/No  
(If No go to Q11)

10. If you have raised funds in the last 12 months please tell us:

a) approximately how much have your raised £

11. Has your group organised any events in the last 12 months?

Yes / No, please give details if yes

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12. How often in the last 12 months has your group held practical activities or volunteer days? e.g. gardening, tidy ups, litter picks, bench making, etc (please tick)

Not done any	<input type="checkbox"/>
Weekly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>
Other (please state)	

13. Do you feel that you can influence decisions relating to your project?

Yes/No/Not Sure (please delete as appropriate)

Comments:

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**Thank You for taking the time to complete this survey**

**Please return this form to XXXXX by:**

**Friday xxxx 2016**

**Please return by email to:xxxxxxx or by post to:**

**XXXXX**